health

Department:
Health
REPUBLIC OF SOUTH AFRICA

# STANDARD OPERATING PROCEDURES FOR MANAGEMENT OF DATA FOR ENVIRONMENTAL HEALTH AND PORT HEALTH SERVICES INDICATORS IN THE DHMIS VERSION 2

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**FOREWORD**

The Department established the District Health Management Information System (DHMIS) between 1996 and 1997 in accordance with Section 74 of the National Health Act, 2003 (Act No. 61 of 2003). This routine information system is used to monitor the delivery of health services across the public health sector. To ensure consistency in implementation, the DHMIS Policy was developed and approved in 2011 as a national framework to standardize data management processes across all levels of the health system.

The 2013 National Environmental Health Policy and the associated 2016 Strategy further support the implementation of the DHMIS Policy. While Standard Operating Procedures (SOPs) were developed in 2013 to guide the implementation of the DHMIS across all government levels, the Chief Directorate subsequently developed an additional SOP specifically for Environmental Health, Municipal Health, and Port Health Services. This SOP was designed to guide the collection, collation, and flow of data related to environmental health indicators.

The 2017 SOP for Environmental Health and Port Health Services has been amended and will be replaced by the Standard Operating Procedures for Management of Data for Environmental Health and Port Health Services Indicators in the DHMIS Version 2. These new SOPs include sections on the introduction, background, policy context, aims and objectives, indicator purpose, scope, guiding principles, required resources, data flow procedures, roles and responsibilities, feedback mechanisms, records management, and the process for guideline review.

The SOPs aim to enhance understanding of the importance and purpose of data in environmental health. They clarify the roles and responsibilities of programme managers and other stakeholders, refine data flow processes to improve data quality and use, and strengthen the overall implementation of the DHMIS in relation to environmental health indicators. The necessary tools and resources required for implementation will also be outlined in the document.

These SOPs are applicable to all Environmental Health Practitioners (EHPs) and managers at provincial, district, metropolitan, and sub-district levels, as well as at points of entry. Environmental health managers at all levels of government are expected to ensure full implementation of these guidelines to improve both the reporting and quality of environmental health data and to embrace data stewardship as a professional commitment.

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pp **APR CELE**
**CHIEF DIRECTOR: ENVIRONMENTAL AND PORT HEALTH SERVICES**
**DATE:** 12/11/2025

## LIST OF ABBREVIATIONS

| | |
|---|---|
| DHIS | District Health Information System |
| DHMIS | District Health Management Information System |
| DM | District Municipality |
| EH | Environmental Health |
| EHP | Environmental Health Practitioners |
| EHS | Environmental Health Services |
| MHS | Municipal Health Services |
| MM | Metropolitan Municipality |
| NIDS | National Indicator Dataset |
| PH | Port Health |
| PHS | Port Health Services |
| SOP | Standard Operating Procedure |

**DEFINITIONS**

| Terminology | Operational definition |
|---|---|
| Completeness | All data is present, counted for and represent the complete list of eligible data sources and not just a fraction of it. |
| Data | Raw, unprocessed numbers. |
| Data analysis | Analysing raw data through application of various techniques to identify patterns, trends, and relationships within data sets; to derive conclusions, guide future action and support informed decision-making. |
| Data collation | The process where data from various service points is added together. It is very important to ensure that during this process the responsible person add the data correctly together and avoid arithmetic errors. |
| Data input form | This refers to the monthly data collection form that is used to enter the data into the relevant database. |
| Data inspection | Thorough examination of data to identify missing data, data entry errors, before the closing date for the import and export of data at sub-district level and conducting the formal analysis. |
| Data sign-off | Data sign off refers to the process where the person with the required authority agree to the correctness and validity of the data, and commits him or herself to submit data in accordance with data flow guidelines. |
| Data validation | Ensuring that data element clearly, directly and completely measure what it intends to measure and meets a predefined set of rules and is usable for its intended purpose. |
| Data verification | Data element and indicator are checked for accuracy and completeness against the completed work done by an EHP in a particular reporting month. |
| Indicator | A quantitative or qualitative variable that provides a simple and reliable measurement of one aspect of performance, achievement or change in a programme or project. |
| Information | Processed or analysed data that adds context through relationships between data to allow for interpretation and use. |

**Table of Contents**

## 1. INTRODUCTION AND BACKGROUND

Various health programmes in the public health sector, including environmental health (EH) have indicators that constitute the National Indicator Data Set (NIDS). These indicators are monitored through the District Health Information System (DHIS), which has been established in terms enabling policies as outlined in the below section 2 on policy and legislative context. DHIS is the primary electronic health information management system for the country. The indicators for environmental health are intended to show the status of potential and emerging environmental risk factors that can affect human health such as non-compliance of various business premises, institutions, consumed and used products, for example, foodstuffs and drinking water. The majority of indicators for environmental health have been in existence in the system since 2012/2013, which few been active for six years and then were removed.

The following indicators are more than 10 years old, and have been active on the system from 2012/2013 :

EH domestic water compliance rate
EH food sample chemical compliance rate
EH food sample bacteriological compliance rate
EH food handling compliance rate
EH mills fortification compliance rate
EH health care waste generator compliance rate
EH hazardous substance dealers compliance rate
EH international conveyance inspection rate
EH international conveyance compliance rate
EH international imported consignment inspection rate
EH international imported consignment compliance rate
EH notifiable medical conditions investigation rate indicator is also more than 10 years old

Since 2012/2013 to 2024/2025, and was removed from the 2025 NIDS. EH international traveller yellow fever vaccination compliance rate indicator has been active for more than five years since 2020/2021. The EH surface water compliance rate and the EH chemical poisoning investigation rate indicators were only active for six years (2017/2018 – 2022/2023) as they were removed in the 2022 from the NIDS. The new EH indicators from the approved 2025 NIDS are in attached **Annexure A** and these Annexures will be revised as and when the indicators and the NIDS are amended.

The 10-year analysis of the performance of DHIS indicators for environmental health revealed challenges which include; lack of reporting by some municipalities, lack of reporting for some indicators, and data discrepancies where the numerator is greater than the denominator. In the 2024/2025 survey conducted on environmental health experiences in relation to the implementation of DHIS for environmental health indicators, there are also challenges that were shared by some provinces, municipalities, and Border Management Authority Regions. This includes; no proper coordination since there is no Environmental Health Practitioner (EHP) in the district, manipulation of information, lack of data-capturer, time consuming manual data capturing and collation process, lack of training, data performance review and feedback provision to operational EHPs. Therefore there is a need for improved Standard Operational Procedures (SOPs) for the management of data for environmental health indicators in the DHIS in order to address these weaknesses and to improve on implementation of the DHMIS Policy and its related SOPs.

## 2. POLICY AND LEGISLATIVE CONTEXT

2.1 National Health Act, 2003 (Act 61 of 2003) provides for the national Department of Health to facilitate and coordinate the establishment, implementation and maintenance of health information systems at all levels.

2.2 District Health Management Information System Policy, 2011 defines the requirements and expectations to provide comprehensive, timely, reliable and good quality routine evidence and tracking and improve health service delivery. The strategic objectives of the policy are to strengthen monitoring and evaluation through standardisation of data management activities and to clarify the main roles and responsibilities at each level for each category of staff, to optimise completeness, quality, use and ownership, security and integrity of data.

2.3 National Environmental Health Policy, 2013 provides that all spheres of government that render environmental health services should ensure ongoing collection, collation, analysis and dissemination of environmental health data to detect changes in the environment or target areas or vulnerable populations and to guide on required interventions.

2.4 National Environmental Health Strategy, (2016-2020) also highlights the need for quality data in order to inform research, identify strengths and weaknesses in service delivery, propose the required intervention, resource allocation and provide guidance on policy direction.

## 3. AIM AND OBJECTIVES OF THE STANDARD OPERATIONAL PROCEDURES

The intention and objectives of these SOPs are to:

3.1 improve the flow of data for all environmental health and port health indicators in order to enhance consistent reporting, completeness and quality of data in the DHIS;

3.2 improve knowledge and understanding of the importance and use of data in the field of environmental health and port health; and

3.3 enhance knowledge on the expected role and responsibilities of various role players, including environmental health managers.

## 4. THE PURPOSE OF ENVIRONMENTAL HEALTH INDICATORS

Environmental health indicators are meant to:

- inform policy development and amendment at all levels of government
- inform and guide on strategies, guidelines and SOPs to be developed
- assist in identifying training and re-training needs
- establish the burden of environmental risk factors in the population and their impact on the burden of environmentally induced diseases
- assist in identifying vulnerable populations and areas, districts, sub-districts and environmental health services (EHS), municipal health services (MHS), and port health services (PHS) to be targeted for improvement in service delivery and interventions
- provide guidance on planning for the delivery of EHS and allocation of resources
- be useful in monitoring the delivery of EHS
- provide data that can be useful to conduct research
- provide information that can be useful to compile national or global reports, for example, district health barometer, progress reports on achievement of Sustainable Development Goals.

## 5. SCOPE OF APPLICATION

These SOPs are applicable and mandatory to all EHPs, managers in provinces, health districts, district and metropolitan municipalities, sub-districts and the port of entry environment, that renders and manages EHS, MHS and PHS.

## 6. GUIDING PRINCIPLES

The implementation of the SOPs must be guided by the following principles:

6.1 *Integrity* - Data must be trustworthy. Honesty must be exercised in the data that is reported, and there must not be any manipulation and biasness.
6.2 *Validity* - All reported data performance against pre-determined objectives is adequately supported by documentation proving that it did occur. Data element/indicator clearly, directly, and completely measure what it intends to measure.
6.3 *Completeness* – All data is present, counted for and represent the complete list of eligible data sources and not just a fraction of it.
6.4 *Accuracy* - Data is correct, aligns to data validation rules, is verified, does not have errors or discrepancies.
6.5 *Timely* – data is submitted and captured on the system by the expected due date.
6.6 *Reliability* - Data is measured and collected consistently.
6.7 *Collaboration* - Working together between all EHPs, environmental health managers, port health managers, officials capturing data, and health information officers at sub-district and district levels to ensure an even continuous, smooth and uninterrupted single data flow pathway.

## 7. RESOURCES

The following resources are required for implementation of these SOPs:

### 7.1 Materials

7.1.1 DHMIS Policy 2011,
7.1.2 Provincial/district/sub-district DHIMS SOPs as applicable,
7.1.3 Copy of environmental health and port health services indicators, data elements, definitions, data inclusions, data exclusions, frequency of collection and collection point from the NIDS,
7.1.4 SOPs for the Management of Data for DHMIS environmental health and port health services indicators
7.1.5 Daily and monthly data collection and collation tools for environmental health or port health services indicators, and
7.1.6 Latest Web DHIS user manual.

### 7.2 Equipments

7.2.1 Stationery (calculator, ruler, pen),
7.2.2 Telephone(s),
7.2.3 Computer(s) with compatible Microsoft, e-mail and internet connectivity, and
7.2.4 Printer.

### 7.3 Required skills

7.3.1 Computer literacy (Ms word, Ms Excel and Ms PowerPoint),
7.3.2 Ability to capture data on DHIS and/or be well versed with DHIS,
7.3.3 Ability to analyse and interpret data on various charts and pivot tables,
7.3.4 Data presentation skills, and
7.3.5 Training skills.

## 8. ROLES AND RESPONSIBILITIES

The responsibility of ensuring data reporting, data quality, data analysis and feedback and use of data in the field of environmental health requires collective effort from support staff, field staff to managers in provinces, district and metropolitan municipalities, and points of entry in the border environment. Various roles and responsibilities are as follows:

8.1 Data captures/administration officers:

I. Obtain collated monthly daily data from EH and PH services.
II. Run Minimum/Maximum range violations, Absolute validation and Statistical Validation reports on data in the system.
III. Conduct a rapid data quality assessment and verify that:

- data input forms are completed in full
- there is no missing data to ensure data is 100 per cent complete
- there are no gaps or outliers without comments
- there are no validation rule violations/errors or discrepancies
- data input forms are signed by EH and PH service managers before capturing

IV. Indicate date of capturing on each monthly data input form and sign.
V. Report problems found data and follow up with the relevant EH and PH service managers.
VI. Capture verified data in the DHIS, indicate capturing date and sign.
VII. Ensure that data is backed-up every time data is changed.
VIII. File and store all data records and reports safely to meet monitoring and audit requirements. The below documents should be filed:

- daily data collection tools
- monthly summary and consolidated signed-off data forms
- monthly pivot tables
- quarterly analysis report with data charts
- documentation in terms of DHIMS policies, related SOPs and guidelines

NB. Data capturing:

- A 0 (zero) should be captured for all activated elements if no activities/interventions for the specific element took place during the reporting month.
- No open spaces or blanks should be left on the monthly summary form or data capturing screen.
- In case of data for indicators on compliance rate of collected samples, the data elements on samples collected and compliant, should be reported once and on the month the analysis results are available. It is recommended for samples to be taken in the first week of the month, to accommodate laboratory turnaround time, to enable reporting of data for both elements in the same month. However, if sample results are delayed in the reporting month, data of collected samples is to be captured with comments that 'analysis results are pending", and when analysis results are received, data should be reported in the relevant month that the samples were taken.
- The above activities for data captures applies to any official that is capturing data for the programme.

8.2 Environmental Health Practitioners:

I. Collect ethical data which should be validated and verified for accuracy and completeness against the completed work.
II. Collate weekly and monthly data.
III. Submit monthly data, based on daily work activities.
IV. Attend to errors or discrepancies identified and/or alerted.
V. Use DHIS data to identify and implement interventions for areas, populations or services with poor performance.
VI. Identify areas of improvement for future review of EH and PH indicators.

NB. Data collection and reporting:

- EHPs should always refer to work diaries when collecting and reporting data, to ensure ethical and correct data is captured.

8.3 Environmental Health Managers:

I. Ensure staff has required resources, that is, material, equipment and skills as outlined in section 7.
II. Consolidate, validate, verify data against the completed work and submit signed off data for capturing or capture data if having access to the system.
III. Monitor the captured data for quality and completeness by all sub-districts, conduct follow ups, and provides feedback on data quality and performance of indicators.
IV. Provide feedback to EHPs and/or preceding levels of government on data submission acknowledgment/ data errors/ discrepancies and do follow ups.
V. Generate or request pivot tables for EH indicators, analyse data and generate analysis report of the levels of government on a monthly basis.
VI. Provide feedback to EHPs and preceding levels of government on the performance of indicators.
VII. Use DHIS data to guide on resource allocation, training needs, planning, review of operational guidelines and SOPs, and evidence-based decision.
VIII. Participate in the review of the NIDS.
IX. Monitor the implementation of this SOPs.
X. Ensure that the relevant data import deadlines for routine data import into the DHIS system prescribed in the DHIS SOPs are complied with.
XI. Provide leadership, guidance and support around programme specific NIDS at their respective levels.
XII. Ensure that data captures and EHPs, including managers are capacitated.
XIII. Ensure all data records and reports are filed and safely stored to meet monitoring and audit requirements.

## 9. DATA FLOW MANAGEMENT

### 9.1 DATA FLOW STEPS

There are different indicators to be collected by provinces, district and metropolitan municipalities, and points of entry. These indicators and some of the definitions, were revised in the 2025 NIDS and are in **Annexure A**. The text in red refers to changed text and stroked refers to text that has been removed, to indicate where amendments were made. It is important for all EHPs and managers to be familiar with the indicators, data elements, definitions, data collection points, frequency of collection, and data inclusions and exclusions; to ensure correct data is reported. The steps for the flow of DHIS data from collection, capturing, validation, verification, monitoring and feedback by provinces, district and metropolitan municipalities, and points of entry is outlined in Table 1 below. The steps have been listed separately in consideration of the different operations, authority levels and flow of data between district and metropolitan municipalities and the point of entry environment.

**Table 1: Data Flow Management Steps**

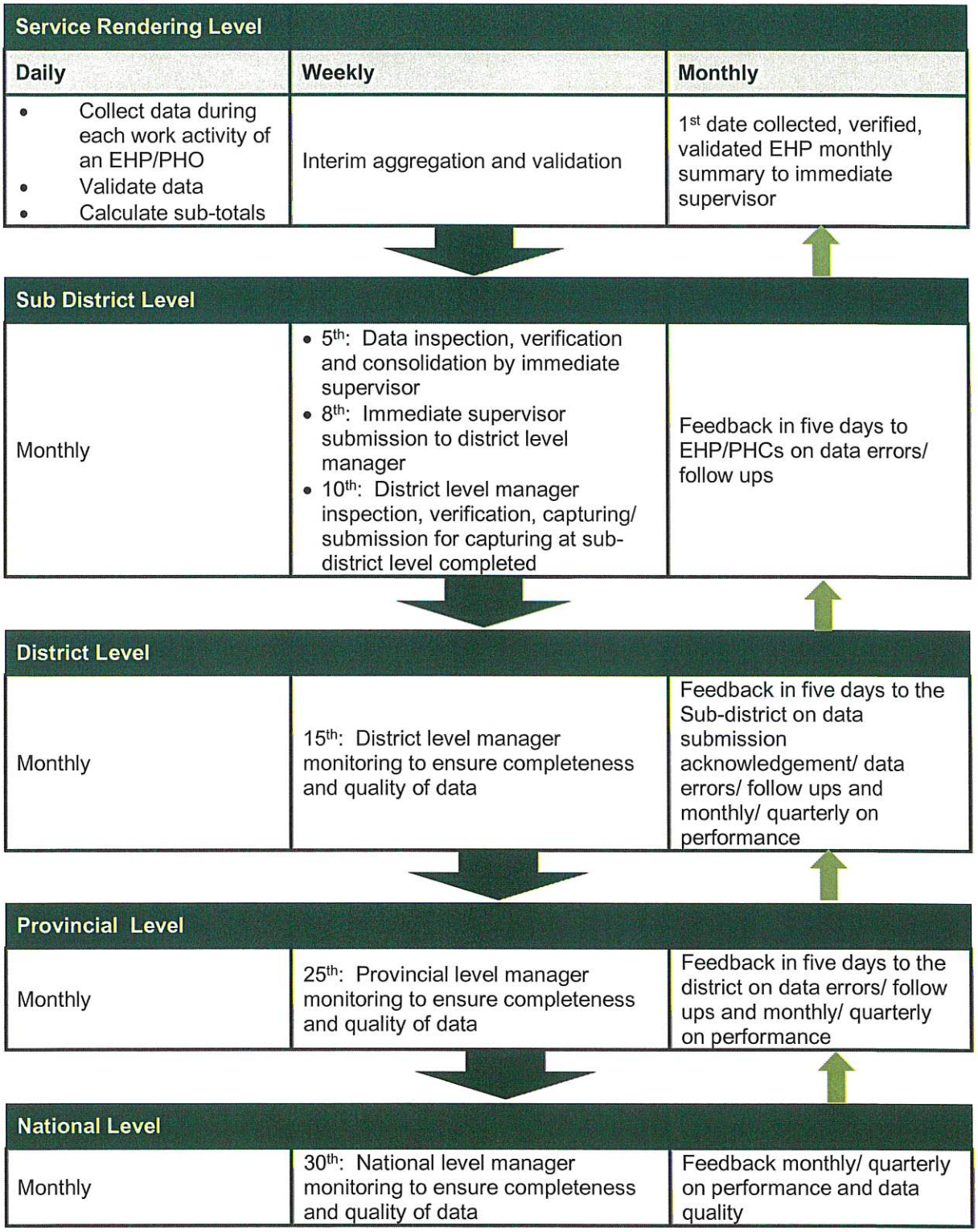
| Step | Actions | | | |
|---|---|---|---|---|
| **Step** | **Provincial Indicators** | **Municipal Indicators - DMs** | **Municipal Indicators - Metros** | **Port Health Indicators - BMA** |
| 1 Service rendering level | **EHPs** in the Health Sub-Districts of the province use **data collection tools** in **Annexure B** to **collect data for completed daily activities** as per their functional areas and work diaries, **complete, aggregate** and **submit the completed, validated, and verified monthly summary data form** in **Annexure C** by the **1st of the month** to the immediate supervisor/chief EHP/EH: Assistant Director in the health district. | **EHPs** in the Local Municipality of the district use **data collection tools** in **Annexure B** to **collect data for completed daily activities** as per their functional areas and work diaries, **complete, aggregate** and **submit the completed, validated and verified monthly summary data form** in **Annexure C** by the **1st of the month** to the immediate supervisor/ chief EHP/EH: Assistant manager of the Local Municipality. | **EHPs** in the Sub-Regions/ Sub-Districts of the municipality use **data collection tools** in **Annexure B** to **collect data for completed daily activities** as per their functional areas and work diaries, **complete, aggregate** and **submit the completed, validated and verified monthly summary data form** in **Annexure C** by the **1st of the month** to the immediate supervisor/ EH: Assistant/Operational manager/Functional Head in the Sub-Region/Sub-District of the municipality. | **EHPs** in the Ports of Entry of the Sub-Regions/ Sub-Districts use **data collection tools** in **Annexure B** to **collect data for completed daily activities** as per their functional areas and work diaries, **complete, aggregate** and **submit the completed, validated and verified monthly summary data form** in **Annexure C** by the **1st of the month** to the immediate supervisor/ chief EHP/ EH: Assistant Director in the Sub-Region/Sub-District. |
| 2 Sub-District level | The **Immediate Supervisor/Chief EHP/EH: Assistant Director inspects, follows up and give feedback to EHPs on errors, consolidates and verifies SUB-DISTRICT DATA** by the by the **8th of the month.** | The **Immediate Supervisor/Chief EHP/EH: Assistant manager inspects, follows up and give feedback to EHPs on errors, consolidates and verifies LOCAL MUNICIPALITY DATA,** by the **5th of the month** and then **submit** to the **EH District manager** by the **8th of the month.** | The **Immediate Supervisor/EH Assistant/ Operational manager/ Functional Head inspects, follows up and give feedback to EHPs on errors, consolidates and verifies SUB-REGIONAL/SUB-DISTRICT DATA** by the **5th of the month** and then **submit** to the **EH manager/Regional manager/Deputy Director/Senior Manager** by the **8th of the month.** | The **Immediate Supervisor/EH Assistant Director inspects, follows up and give feedback to EHPs on errors, consolidates and verifies SUB-REGIONAL/SUB-DISTRICT DATA** by the **5th of the month** and then **submit** to the **Regional Health Specialist** by the **8th of the month.** |
| 3 District level | The **Chief EHP/EH Assistant Director captures/ensures capturing of** signed data in the DHIS/or information system | The **EH District manager inspects, and verifies data for all LOCAL MUNICIPALITIES, captures/ensures** | The **EH manager/Regional manager/Deputy Director/Senior Manager/ inspects, and verifies data for all** | The **Regional Health Specialist inspects, and verifies data for all POINTS OF ENTRY, captures/ensures** |

| Step | Actions | | | |
|---|---|---|---|---|
| **Step** | **Provincial Indicators** | **Municipal Indicators - DMs** | **Municipal Indicators - Metros** | **Port Health Indicators - BMA** |
| | linked to DHIS **per SUB-DISTRICT /OR submits** sub-districts data to Health Information Management (HIM) office in the Provincial Health District for capturing by the **10th of the month.**<br><br>The **Chief EHP/EH Assistant Director monitors, follows up and provide feedback** on the captured data for quality and completeness by all sub-districts by the **15th of the month**. | **capturing of** signed off data in the DHIS/or information system linked to DHIS **per LOCAL MUNICIPALITY OR submits** Local Municipality data to the EH office in the Provincial Health District that then submit data to District HIM office within the Provincial Health District for capturing by the **10th of the month.**<br><br>The **EH District manager monitors, follows up and provide feedback** on the captured data for quality and completeness by all local municipalities by the **15th of the month**. | **SUB-REGIONS/SUB-DISTRICTS, captures/ensures capturing of** signed off data in the DHIS/or information system linked to DHIS **per SUB-REGION/SUB-DISTRICT OR submits** Sub-Region/Sub-District data to the HIM office of the Region/Sub-District/ metropolitan municipality for capturing by the **10th of the month.**<br><br>**EH Regional manager/Deputy Director/Senior Manager monitors, follows up and provide feedback** on the captured data for quality and completeness by all regions by the **15th of the month**. | **capturing of** signed off data in the DHIS/or information system linked to DHIS **per POINT OF ENTRY OR submits** Point of Entry data to the EH office in the Provincial Health District that submit data to District HIM office within the Provincial Health District for capturing by the **10th of the month.**<br><br>The **Regional Health Specialist monitors, follows up and provide feedback** on the captured data for quality and completeness by all points of entry in the region by the **15th of the month**. |
| 4 Provincial level | **By the 25th of the month**, the **EH Deputy Director monitors, follows up and provide feedback to ensure provincial data** on all EH indicators and data elements is automatically exported to provincial level, and is of good quality and complete. | | | **By the 25th of the month**, the **Senior Health Specialist/Health Specialist monitors, follows up and provide feedback to ensure provincial data** on all PH indicators and data elements is automatically exported to provincial level, and is of good quality and complete. |
| 5 National level | **By the 30th of the month**, the **EH Deputy Director in the NDoH EH and PHS Chief Directorate monitors, follows up and provide feedback to ensure national data** on all NIDS EH data elements is automatically exported to national level and is of good quality and complete. | | | |

**NB. The EH and PHS Data Validation Rules in Annexure C must be referred to electronically on the DHIMS or manually when data is reported, captured, validated, and verified, to ensure data quality.**

## 10. DATA FLOW DIAGRAM

The data flow diagram sets timelines to ensure that the deadlines for routine data submission, as required by DHIS policy and SOPs, are met. It shows how data should move from service delivery points to district, provincial and national levels.



## 11. PERFORMANCE FEEDBACK

In terms of performance feedback, managers should conduct the following activities:

11.1 Provide monthly performance feedback and recommendations within five days after the export date to lower reporting levels by means of uploaded pivot tables on relevant indicators.
11.2 Develop quarterly analysis reports and present feedback report with recommendations in sub-district/district/provincial and national EH meetings.
11.3 Include the following topics in the feedback report for meetings:

- Performance analysis per sub-district/ sub-region/district/province
- Timeliness of submission of data
- Poor reporting status - No reporting, "0" data reported, and errors/ discrepancies
- Areas/populations, indicators and services that require interventions
- Recommendations

## 12. TRAINING

It is important for all role players in the management of data to know and understand the importance and purpose of data. Therefore, the following activities in relation to training should be exercised:

I. Data captures, EHPs, and managers must be trained on DHMIS policy, related SOPs, guidelines, data collection tools/tick registers, EH indicators, data elements, and their definitions, data inclusions and exclusions.
II. Training must be conducted after the reviewed indicators have been approved.
III. Refresher training should be conducted as and when necessary.

## 13. REVIEW OF THE STANDARD OPERATING PROCEDURES

These SOPs will be reviewed when the DHMIS policy and its related SOPs are reviewed; and/or when a need for the review has been identified. The Annexures to these SOPs will also be amended when the NIDS is reviewed.

## 14. REFERENCES

Department of health. National Health Act, 2003 (Act 61 of 2003)
Department of health. 2011. District Health Information Management System (DHIMS) Policy
Department of Health, 2013. DHIMS Policy. Standard Operating Procedures: Sub-District Level
Department of Health, 2013. DHIMS Policy. Standard Operating Procedures: District Level
Department of Health, 2013. DHIMS Policy. Standard Operating Procedures: Provincial Level
Department of Health. 2013. National Environmental Health Policy
Department of Health . 2016. National Environmental Health Strategy (2016-2020)

2025 NIDS- EH &PHS **INDICATORS AND DATA ELEMENTS**
**COLLECTED BY: EHPs**
**FREQUENCY OF COLLECTION: MONTHLY**
**NUMERATOR & DENOMINATOR ARE DATA ELEMENTS**

| Indicator Group | InGroup Sort Order | UID | Indicator Name | Numerator Description | Numerator | Numerator Formula | Denominator | Denominator Formula | Definition | Use and Context | Inclusions | Exclusions | Collection Points | Final Recommendation |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Environmental & Port Health | Y01 | P5g9M5w6E7i | EH domestic water compliance rate | EH Domestic water bacteriological sample compliant | EH Domestic water bacteriological sample compliant | EH domestic water bacteriological sample compliant | EH Domestic water bacteriological sample collected | EH Domestic water bacteriological sample collected | Domestic bacteriological ~~and chemical~~ water samples taken from piped water supplies, non-piped water supplies, tanked water, vended water, bottled water at a point of use or sale that conform to the standards set out in SANS 241. | Monitors domestic water safety. It is used to monitor the safety of water used in residential areas, hospitality industry, food production and health facilities. It is key in identifying poor quality water which if not monitored and treated may lead to occurrence of preventable EH related diseases including child mortality and that of vulnerable groups. These negatively impact on the NDP goals of raising the life expectancy of South Africans to at least 70 years, that of reducing maternal, infant and child mortality and that of | None | Exclude samples collected in outbreaks and for other specific purposes | EHP Municipal level | Retain |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | universal health care coverage (NHI & its success) and the vision of long and healthy life for all South Africans. | | | | |
| Environmental & Port Health | Y03 | X5n9 P3y5 H8z | EH food sample chemical compliance rate | EH food sample chemically compliant | EH food sample chemically compliant | EH food sample chemically compliant | EH food samples chemical analysis | EH food samples chemical analysis | Food samples chemically tested that complied to the Foodstuffs, Cosmetics and Disinfectants Act, Act 54 of 1972 as a proportion of food samples chemically analysed (Target 90%) | Monitors food safety. Includes imported food stuffs. It is key in identifying compliance of food which if not monitored and further EH investigations conducted to address the sources may lead to occurrence of preventable EH related diseases including leading to child mortality and that of vulnerable groups. These negatively impact on the NDP goals of raising the life expectancy of South Africans to at least 70 years, that of reducing maternal, infant and child mortality and that of universal health care coverage (NHI & its success) and the vision of long and healthy life for all South Africans. | None | None | EHP Municipal level | Retain |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Environmental & Port Health | Y04 | Ec6Y2s8H5e1 | EH food sample bacteriological compliance rate | EH food sample bacteriologically compliant | EH food sample bacteriologically compliant | EH food sample bacteriologically compliant | EH food sample bacteriological analysis | EH food sample bacteriological analysis | Food samples bacteriologically tested that complied to the Foodstuffs, Cosmetics and Disinfectants Act, Act 54 of 1972 as a proportion of food samples bacteriologically analysed. (Target 98%) | Monitors food safety. Includes imported food stuffs. It is key in identifying compliance of food which if not monitored and further EH investigations conducted to address the sources may lead to occurrence of preventable EH related diseases including leading to child mortality and that of vulnerable groups. These negatively impact on the NDP goals of raising the life expectancy of South Africans to at least 70 years, that of reducing maternal, infant and child mortality and that of universal health care coverage (NHI & its success) and the vision of long and healthy life for all South Africans. | None | None | EHP Municipal level | Retain |
| Environmental & Port Health | Y05 | Sl3ytbmC6lh | EH food handling compliance rate | EH food handling premises compliant | EH food handling premises compliant | EH food handling premises compliant | EH food handling premises inspected | EH food handling premises inspected | Food handling premises inspected and found to be compliant with the requirements of the Regulation R | Monitors food handling premises compliance. It is key in identifying compliance of food premises which if not | None | None | EHP Municipal level | Retain |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | 638 of the FCD as a proportion of food handling premises inspected (Act 54 of 1972). (Target 80%) | monitored and where necessary issued notices/closed following EH investigations may lead to occurrence of preventable EH related diseases including leading to child mortality and that of vulnerable groups. These negatively impact on the NDP goals of raising the life expectancy of South Africans to at least 70 years, that of reducing maternal, infant and child mortality and that of universal health care coverage (NHI & its success) and the vision of long and healthy life for all South Africans. | | | | |
| Environmental & Port Health | Y08 | Ai4ESNo9dMh | EH mills fortification compliance rate | EH Milling establishment compliant | EH Milling establishment compliant | EH milling establishment compliant | EH Milling establishment inspected | EH Milling establishment inspected | Operational flour and maize milling establishments that were compliant with fortification Regulation under the FCD Act as a proportion of milling establishments that were inspected (Target 98%) | Monitors flour and maize milling establishment compliance with fortification legislation. It is key in identifying compliance and ensuring that primary food products produced from Milling companies are | None | None | EHP Municipal level | Retain |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | fortified to ensure healthy nation. If not fortified, consumers of such food will consume food with likely less nutritious content which may negatively affect their immune system and good development largely impacting on children under five, immuno compromised individuals as well as the elderly. These negatively impact on the NDP goals of raising the life expectancy of South Africans to at least 70 years, that of reducing maternal, infant and child mortality and that of universal health care coverage (NHI & its success) and the vision of long and healthy life for all South Africans. | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Environmental & Port Health | Y09 | J1t5 Q0o2 M4t | EH health care waste generator compliance rate | EH Health care Risk waste generator compliant | EH Health care Risk waste generator compliant | EH health care waste generator compliant | EH health care waste generator inspected | EH health care waste generator inspected | Proportion inspected health care risk waste generators that complied with minimum standards according to ~~SANS 10248~~ the National Environmental Health Norms and Standards.<br><br>Only count the first inspection during the financial year. Don't include follow-up inspections. (Target 90%) | Monitors health care waste generator compliance. This is critical in identifying facilities that do not comply and interventions made to support such Provinces and their facilities towards compliance and preventing Hospital acquired illnesses, decreasing risks of contracting illnesses in health facilities by both patients and employees. These if not managed well may negatively impact on the NDP goals of raising the life expectancy of South Africans to at least 70 years, that of reducing maternal, infant and child mortality and that of universal health care coverage (NHI & its success) and the vision of long and healthy life for all South Africans. | None | None | Municipal level | Retain |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Environmental & Port Health | Y10 | M6r9 Y3y0 K4k | EH hazardous substance dealers compliance rate | EH Hazardous substance dealer compliant | EH Hazardous substance dealer compliant | EH hazardous substance dealer compliant | EH hazardous substance dealer compliant inspected | EH hazardous substance dealer compliant inspected | Hazardous substances dealers that were found compliant with the legislation for hazardous substances as a proportion of EH Hazardous substance dealers inspected (90% Target) | Monitors hazardous substance dealer compliance. These premises deals with dangerous, poisonous and highly fatal chemicals/substances. The indicator is critical in monitoring compliant rate and ensure that noncomplying facilities have their licences terminated to prevent/reduce health risks associated with exposure to these substances. These, if not well managed and controlled, may negatively impact on the NDP goals of raising the life expectancy of South Africans to at least 70 years, that of reducing maternal, infant and child mortality and that of universal health care coverage (NHI & its success) and the vision of long and healthy life for all South Africans. | None | None | EHP Provincial level | Retain |

ANNEXURE A

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Environmental & Port Health | Y11 | Q5g8 V4q4 S3p | EH international conveyance inspection rate | EH International conveyances (commercial) Inspected at first point of entry | EH International conveyances (commercial) Inspected at first point of entry | EH international conveyance inspected at first point of entry | EH International conveyance arrival at first point of entry | EH International conveyance arrival at first point of entry | International conveyance at arrival inspected for compliance to health standards as a proportion of international conveyance arrivals at first point of entry (Target 70%) | Monitors international conveyance inspection rate. Monitors the number of international conveyances inspected to identify public health risks that may be imported through the point of entry. If conveyances are not inspected there is a likelihood that public health risks such as communicable diseases and vectors may be imported into the country. This negatively impacts on the NDP goals of raising the life expectancy of South Africans to at least 70 years, that of reducing maternal, infant and child mortality and that of universal health care coverage (NHI & its success) and the vision of long and healthy life for all South Africans. | None | EXCLUDE none-commercial conveyances | EHP Point of Entry | Retain |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Environmental & Port Health | Y12 | YFbgHttXhfM | EH international conveyance compliance rate | EH International conveyances (commercial) compliant at first point of entry | EH International conveyances (commercial) compliant at first point of entry | EH international conveyance compliant at first point of entry | EH International conveyance inspected at a point of entry | EH International conveyance inspected at first point of entry | International conveyances arriving at points of entry inspected that comply with provisions of the International Health Regulations and national legislation as a proportion of arrivals at first point of entry | Monitors international conveyances compliance rate. Assist in identifying intervention required to address non compliance. If non compliance is not addressed a likelihood that public health risks such as communicable diseases and vectors maybe imported into the country exist. This negatively impacts on the NDP goals of raising the life expectancy of South Africans to at least 70 years, that of reducing maternal, infant and child mortality and that of universal health care coverage (NHI & its success) and the vision of long and healthy life for all South Africans. | None | EXCLUDE none-commercial conveyances | EHP Point of Entry | Retain |
| Environmental & Port Health | Y13 | gf551NxfsAk | EH international imported consignment inspection rate | EH International imported consignment inspected at first point of entry | EH International imported consignment inspected at first point of entry | EH international imported consignment inspected at first point of entry | EH International imported consignment arrival at first point of entry | EH International imported consignment arrival at first point of entry | International imported consignments inspected in terms of International Health Regulations and national legislation as a proportion of | Monitors imported consignment inspection rate. Monitors the number of inspected consignments in proportion to the total number of imported | None | EXCLUDE consignments not detained for port health inspection | EHP Point of Entry | Retain |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | international consignment arrivals at first point of entry (Target 85%) | consignment. This assist in determining whether the human resources capacity is sufficient to inspect the volume of imported consignments . Insufficient human resource in relation to the volume will result in the availability of unfit products for human use. This will compromise human health and negatively impacts on the NDP goals of raising the life expectancy of South Africans to at least 70 years, that of reducing maternal, infant and child mortality and that of universal health care coverage (NHI & its success) and the vision of long and healthy life for all South Africans. | | | | |
| Environmental & Port Health | Y14 | ct7Y5c6K1I6 | EH international imported consignment compliance rate | EH International imported consignment compliant at point of entry | EH International imported consignment compliant at point of entry | EH international imported consignment compliant inspected at first point of entry | EH international imported consignments inspected at first point of entry | EH international imported consignments inspected at first point of entry | International imported consignments that complied to International Health Standards and national legislation as a proportion | Monitors imported consignment compliance. This assist in determining the non compliance rate of imported consignment, | None | EXCLUDE consignments not detained for port health inspection | EHP Point of Entry | Retain |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | of consignment inspected at first point of entry | to identify and strengthen the intervention required. If non compliance is not addressed, products not fit for human consumption could be available to the public. Products unfit for human consumption may negatively impact on the achievement of sustainable development goal 3 of ensuring healthy lives and promote well-being for all at all ages and NDP goals of raising the life expectancy of South Africans to at least 70 years, that of reducing maternal, infant and child mortality and that of universal health care coverage (NHI & its success) and the vision of long and healthy life for all South Africans | | | | |
| Environmental & Port Health | Y15 | wDTRm4c1efl | EH international traveller yellow fever vaccination compliance rate | EH international traveller compliant with yellow fever vaccination requirement | EH international traveller compliant with yellow fever vaccination requirement | EH international traveller compliant with yellow fever vaccination requirement | EH international traveller from yellow fever endemic countries | EH international traveller from yellow fever endemic countries | Travelers arriving from yellow fever endemic areas that complied to the Yellow Fever Policy. Compliant travelers | Monitors yellow fever vaccination compliance. Yellow fever is the only disease specified in the International Health | INCLUDE travellers with medical waiver letter | None | EHP Point of Entry | Retain |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | includes travelers with medical waiver letter. | Regulations for which countries may require proof of vaccination from travellers as a condition of entry. Monitoring of yellow fever vaccination compliance will assist in determining the total number of travellers without valid yellow fever certificates , thereby preventing the introduction of yellow fever in the country. This will positively contribute toward the achievement of the SDG goal 3 of Ensuring healthy lives and promote well-being for all at all ages, and NDP goals of raising the life expectancy of South Africans to at least 70 years, that of reducing maternal, infant and child mortality and that of universal health care coverage (NHI & its success) and the vision of long and healthy life for all South Africans. | | | | |

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

2030 NDP

**DAILY TALLY SHEET/REGISTER: MUNICIPAL HEALTH SERVICES**

**GROUP: EH( ENVIRONMENTAL HEALTH) & PORT HEALTH SERVICES**

**PROVINCE:** _____

**HEALTH DISTRICT/DISTRICT/METROPOLITAN MUNICIPALITY:** _____

**SUB-DISTRICT/REGION/LOCAL MUNICIPALITY:** _____

**EHP completing the register :** _____ **Date of EHP's sign off:** _____

**Verified by Manager :** _____ **Date of verification:** _____

**Month:** _____

| Dates of the month | Water Quality Monitoring | | Food Control | | | | | | | | Waste Management | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | EH domestic water bacteriological sample compliant | EH domestic water bacteriological sample collected | EH food handling premises compliant | EH food handling premises inspected | EH food sample bacteriological compliant | EH food sample bacteriologically analysis | EH food sample chemically compliant | EH food sample chemical analysis | EH milling establishment compliant | EH milling establishment inspected | Health care waste generator compliant | Health care waste generators inspected | Comment |
| 1 | | | | | | | | | | | | | |
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| **TOTAL** | | | | | | | | | | | | | |

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

2030 NDP

**MUNICIPAL HEALTH SERVICES DHIS MONTHLY REPORTING TOOL**
**GROUP: EH( ENVIRONMENTAL HEALTH) & PORT HEALTH SERVICES**
**PROVINCE: _____**
**HEALTH DISTRICT/DISTRICT/METROPOLITAN MUNICIPALITY: _____**
**SUB-DISTRICT/REGION/LOCAL MUNICIPALITY: _____**
**EHP completing the register : _____** **Date of EHP's sign off: _____**
**Verified by Manager : _____** **Date of verification: _____**
**Month: _____**

| **Water Quality Monitoring** | | | |
|---|---|---|---|
| **No** | **Data Element** | **Value** | **Comment** |
| 1 | EH domestic water bacteriological sample compliant | | |
| 2 | EH domestic water bacteriological sample collected | | |
| **Food Control** | | | |
| 3 | EH Food handling premises compliant | | |
| 4 | EH Food handling premises inspected | | |
| 5 | EH Food samples bacteriological compliant | | |

| | | | |
|---|---|---|---|
| 6 | EH Food samples bacteriologically analysis | | |
| 7 | EH Food samples chemical compliant | | |
| 8 | EH Food samples chemically analysis | | |
| 9 | EH millling establshment compliant | | |
| 10 | EH milling establishment inspected | | |
| **Waste Management** | | | |
| 11 | Health care waste generator compliant | | |
| 12 | Health care waste generators inspected | | |
| **TOTAL** | | | |

ANNEXURE B

health

Department:
Health
REPUBLIC OF SOUTH AFRICA

2030 NDP

**DAILY TALLY SHEET/REGISTER: PORT HEALTH SERVICES**

**GROUP: EH( ENVIRONMENTAL HEALTH) & PORT HEALTH SERVICES**

**PROVINCE: _____**

**HEALTH DISTRICT/DISTRICT/METROPOLITAN MUNICIPALITY: _____**

**SUB-DISTRICT/REGION/LOCAL MUNICIPALITY: _____**

**BMA REGION: _____**

**SERVICE POINT/POINT OF ENTRY: _____**

**EHP completing the register : _____ Date of EHP's sign off: _____**

**Verified by Regional Health Specialist: _____Date of verification: _____**

**Month: _____**

| Dates of the month | Data Elements | | | | | | | | Comment |
|---|---|---|---|---|---|---|---|---|---|
| | EH international conveyance arrival at first point of entry | EH international conveyance inspected at first point of entry | EH international conveyance compliant at first point of entry | EH international imported consignment arrival at first point of entry | EH international imported consignment inspected at first point of entry | EH international imported consignment compliant at first point of entry | EH international traveller compliant with yellow fever vaccination requirement | EH international traveller from yellow fever endemic countries | |
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| **TOTAL** | | | | | | | | | |

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

2030 NDP

**PORT HEALTH SERVICES DHIS MONTHLY REPORTING TOOL**

**GROUP: EH ( ENVIRONMENTAL HEALTH) & PORT HEALTH SERVICES**

**PROVINCE:** _____

**HEALTH DISTRICT/DISTRICT/METROPOLITAN MUNICIPALITY:** _____

**SUB-DISTRICT/REGION/LOCAL MUNICIPALITY:** _____

**BMA REGION:** _____

**SERVICE POINT/POINT OF ENTRY:** _____

**EHP completing the register:** _____ **Date of EHP's sign off:** _____

**Verified by Manager:** _____ **Date of verification:** _____

**Month:** _____

| Port Health Services | | | |
|---|---|---|---|
| **No** | **Data Elements** | **Value** | **Comment** |
| 1 | EH International conveyance arrival at first point of entry | | |
| 2 | EH international conveyance inspected at first point of entry | | |
| 3 | EH international conveyance compliant at first point of entry | | |
| 4 | EH international imported consignment arrival at first point of entry | | |
| 5 | EH international imported consignment inspected at first point of entry | | |
| 6 | EH international imported consignment compliant at first point of entry | | |
| 7 | EH international traveller compliant with yellow fever vaccination requirement | | |
| 8 | EH international traveller from yellow fever endemic countries | | |
| TOTAL | | | |

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

2030 NDP

**DAILY TALLY SHEET/REGISTER: PROVINCIAL ENVIRONMENTAL HEALTH SERVICES**

**GROUP: EH( ENVIRONMENTAL HEALTH) & PORT HEALTH SERVICES**

**PROVINCE:** _____

**HEALTH DISTRICT/DISTRICT/METROPOLITAN MUNICIPALITY:** _____

**SUB-DISTRICT/REGION/LOCAL MUNICIPALITY:** _____

**EHP completing the register :** _____ **Date of EHP's sign off:** _____

**Verified by Manager :** _____ **Date of verification:** _____

**Month:** _____

| **Dates of the month** | **Data Elements** | | **Comment** |
|---|---|---|---|
| | EH hazardous substance dealer compliant | EH hazardous substance dealer inspected | |
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| **TOTAL** | | | |

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

2030 NDP

**PROVINCIAL ENVIRONMENTAL HEALTH SERVICES DHIS MONTHLY REPORTING TOOL**

**GROUP: EH (ENVIRONMENTAL HEALTH) & PORT HEALTH SERVICES**

**PROVINCE:** _____

**HEALTH DISTRICT/DISTRICT/METROPOLITAN MUNICIPALITY:** _____

**SUB-DISTRICT/REGION/LOCAL MUNICIPALITY:** _____

**EHP completing the register :** _____ **Date of EHP's sign off:** _____

**Verified by Manager :** _____ **Date of verification:** _____

**Month:** _____

| Hazardous Substances Control | | | |
|---|---|---|---|
| **No** | **Data Element** | **Value** | **Comment** |
| 1 | EH hazardous substance dealer compliant | | |
| 2 | EH hazardous substance dealer inspected | | |
| **TOTAL** | | | |

ANNEXURE C

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

2030 NDP

**DATA VALIDATION RULES - EH & PHS DHIS INDICATORS**

| INDICATORS COLLECTED BY MUNICIPAL HEALTH SERVICES | | |
|---|---|---|
| **INDICATOR** | **DATA ELEMENTS** | **DATA VALIDATION RULE** |
| EH domestic water compliance rate | EH domestic water bacteriological sample compliant | The total number of compliant domestic water samples must be equal or less than the total number of domestic water samples collected |
| | EH domestic water bacteriological sample collected | |
| EH food handling compliance rate | EH Food handling premises compliant | The total number of compliant food handling premises must be equal or less than the total number of inspected food handling premises |
| | EH Food handling premises inspected | |
| EH food sample bacteriological compliance rate | EH Food samples bacteriological compliant | The total number of compliant food samples taken for bacteriological analysis must be equal or less than the total number of bacteriological food samples collected |
| | EH Food samples bacteriologically analysis | |
| EH food sample chemical compliance rate | EH Food samples chemical compliant | The total number of compliant food samples taken for chemical analysis must be equal or less than the total number of chemical food samples collected |
| | EH Food samples chemically analysis | |
| | EH milling establishment compliant | |

| | | |
|---|---|---|
| EH mills fortification compliance rate | EH milling establishment inspected | The total number of compliant milling establishments must be equal or less than the total number of inspected milling establishments |
| EH health care waste generator compliance rate | Health care waste generator compliant | The total number of compliant health care waste generators must be equal or less than the total number of inspected Health care waste generators |
| | Health care waste generators inspected | |
| **INDICATORS COLLECTED BY PROVINCIAL ENVIRONMENTAL HEALTH SERVICES** | | |
| **INDICATOR** | **DATA ELEMENTS** | **DATA VALIDATION RULE** |
| EH hazardous substance dealers compliance rate | EH hazardous substance dealer compliant | The total number of compliant hazardous substance dealers must be equal or less than the total number of inspected hazardous substance dealers |
| | EH hazardous substance dealer inspected | |
| **INDICATORS COLLECTED BY PORT HEALTH SERVICES** | | |
| **INDICATOR** | **DATA ELEMENTS** | **DATA VALIDATION RULE** |
| EH international conveyance inspection rate | EH International conveyance arrival at first point of entry | The total number of inspected conveyances that arrived at the first point of entry must be equal or less than the total number of conveyances that arrived at the first point of entry |
| | EH international conveyance inspected at first point of entry | |
| EH international conveyance compliance rate | EH international conveyance inspected at first point of entry | The total number of compliant conveyances must be equal or less than the total number of inspected conveyances that arrived at the first point of entry |
| | EH international conveyance compliant at first point of entry | |
| EH international imported consignment inspection rate | EH international imported consignment arrival at first point of entry | The total number of inspected imported consignments that arrived |

| | | |
|---|---|---|
| | EH international imported consignment inspected at first point of entry | at the first point of entry must be equal or less than the total number of imported consignments that arrived at the first point of entry |
| EH international imported consignment compliance rate | EH international imported consignment inspected at first point of entry | The total number of compliant imported consignments must be equal or less than the total number of inspected imported consignments that arrived at the first point of entry |
| | EH international imported consignment compliant at first point of entry | |
| EH international traveller yellow fever vaccination compliance rate | EH international traveller compliant with yellow fever vaccination requirement | The total number of compliant travellers from yellow fever endemic countries must be equal or less than the total number of travellers from yellow fever endemic countries. |
| | EH international traveller from yellow fever endemic countries | |